

**NC DHHS – NC DMH/DD/SAS  
Psychosocial Rehabilitation (PSR)  
Endorsement Check Sheet Instructions**

**Introduction**

Prior to site and service endorsement, business verification must take place. In the process of business verification, the business information presented DMA CIS (Community Intervention Services) application is validated. At that time, the provider organization submits a self study of the core rules (10A NCAC 27G .0201-.0204) verifying that they have met all the requirements therein. (The provider is not required to submit this if nationally accredited, licensed with Division of Health Services Regulation (DHSR) or has had a compliance review from NC Council of Community Programs within the past three years.) The documents created in adherence with the core rules should be utilized as evidence of provider compliance where noted in the check sheet and instructions.

The following set of instructions is to serve as general guidelines to facilitate the review of providers for endorsement. Service definition, core rules (as noted above), staff definitions (10A NCAC 27G .104) and other DHHS communications (e.g. *DMH/DD/SAS Records Management and Documentation Manual*, Communication Bulletins, Implementation Updates, Clinical Coverage Policy 8A, and other publications) should be used to support the reviewer's determination of compliance. In addition, the Business Entity Type Reference document assists to clarify the requirements for different business entities such as corporation, partnerships and limited liability corporations and partnerships. On the endorsement check sheet, there are suggested sources of evidence for locating information that may assist the reviewer in determining compliance with the respective requirements. The items identified are not an exhaustive list of sources, nor must each item named be reviewed. The reviewer examines evidence presented only until the element in question is substantiated as being met by the provider.

**Provider Requirements**

In this section, the provider is reviewed to ascertain that administrative requirements are met in order for services to be provided. The provision of services is addressed later in this endorsement process. This section is reviewed only during the initial review for business status and does not require further scrutiny unless there is a change in the provider's status that would affect this element.

- a. Review identified documents for evidence the provider meets DMH/DD/SAS standards as related to administration responsibilities, financial oversight, clinical services and quality improvement. These standards include, but are not limited to, policies and procedures (contents of which are mandated in 10A NCAC 27G .0201 – Governing Body Policies) and the key documents required by law for the formation of the business entity. (Refer to attachment titled Business Entity Type.)
- b.(1). Review documentation that demonstrates provider is a legal US business entity. Documentation should indicate the business entity is currently registered with the local municipality or the office of the NC Secretary of State, that the information registered with the local municipality or the Secretary of State is current, and that there are no dissolution, revocation or revenue suspension findings currently attached to the provider entity. Also review corporate documentation demonstrating registration to operate a business in NC.

Information for corporate entities may be verified on the web site for the Secretary of State. (Refer to key documents section of attachment titled Business Entity Type.)

- b.(2).** Review the policy and procedure manual. It should contain language indicating intent to have national accreditation within one (1) year of enrollment with DMA. Review DMA enrollment document to verify provider's date of enrollment. Once the provider has been enrolled with DMA for a period of one (1) year, a certification of national accreditation or some other evidence supporting the provider organization's achievement of national accreditation must be produced and validated.

### **Staffing Requirements**

In this section, the reviewer is primarily concerned with the hiring practices of the provider and ensuring that all employees required per the service definition are in place at the time of the clinical interview and are equipped with the evidentiary documentation of education, training and experience for which they were hired. This is important for the clinical integrity of the service. The review of the provision of services is more thoroughly examined in the "Program/Clinical Requirements" section of the endorsement review.

In the desk review, the reviewer is to verify that the provider agency's policies and procedures, as well as other administrative manuals meet the requirements of the service definition. The review of the qualifications of personnel hired will occur later in the endorsement process. Review documentation to verify that provider agency requirements of staff include degrees, licensure and/or certifications that comply with the position as written in the service definition, and are consistent with requirements and responsibilities of their respective job duties. Review job descriptions to determine that the roles and responsibilities identified do not exceed the qualifications of the position. This review ensures that the provider has an understanding of the service definition staffing requirements and has established policies for a program that meet those requirements.

For the clinical interview, review staff employment applications, resumes, licenses, certifications and/or other documentation for evidence that degrees and work experience with the target population the provider will be serving is consistent with the requirements and responsibilities of each position. If **any** staff person hired to meet the staffing requirements of the service definition do not meet the requirements for the position, then the clinical interview does not take place. The clinical interview process is described in Program Requirements.

For the on site review, the endorsing agency verifies documentation reviewed during the desk review and clinical interview (if it has been conducted prior to the on site review). The credentials and qualifications of any additional or ancillary staff hired in the time between the desk review and the on site review are examined.

For the 60 day review, include a review of the consumer record and other items necessary to determine that staff are performing clinical interventions commensurate with their credentials and qualifications as well as within the scope of work the their job descriptions. Review staff schedules, attendance rosters, and caseload assignments and interview staff to ascertain consumer to staff ratios. This review should also include a review of supervision plans, notes and documentation of clinical supervision for all staff. Review supervision plans to ensure that they are individualized and appropriate for the level of education, skill and experience of staff. Review supervision notes, schedules and other supporting documentation that demonstrate on-going supervision consistent with the requirements and responsibilities. Personnel records must demonstrate evidence that all required

training has been acquired by each staff member delivering day treatment services and completed within the specified time frames.

- a. The Director of a PSR Program must be a qualified mental health professional. Review the Program Director job description to verify that it addresses responsibilities for directing the PSR program and that it specifies responsibilities for staff supervision. Review program director's employment application, resume, license, certification, or other documentation for evidence of degree and work experience to verify that the program director is a Qualified Professional. Review employee training plans or other documentation demonstrating training has been scheduled and/or received according to core rules, consistent with the role of the program director of the Psychosocial Rehabilitation Program. Ensure that the program director understands and implement supervision of the other PSR staff. Review supervision plans to ensure that they are individualized, appropriate for the level of education and experience of staff and that supervision is provided by the Qualified Professional. In addition to the above, review notes, schedule or other supporting documentation that demonstrate on-going supervision by the Qualified Professional.

- b. Other staff may be paraprofessionals (PPs), associate professionals (APs) or qualified professionals.

If the PSR program employs associate professionals, review the job description for Associate Professionals and review the Program Description and Personnel Manual to determine the role and responsibilities of such staff and the expectation regarding supervision. Review employment application, resume, license, certification, or other documentation for evidence of degree and work experience to verify that the individual is an Associate Professional. Review supervision plans to ensure that each Associate Professional has a supervision plan and review notes, schedule and other supporting documentation that demonstrate on-going supervision by the Qualified Professional.

If the PSR program employs paraprofessionals, review the job description for paraprofessionals and review the Program Description and Personnel Manual to determine the role and responsibilities of such staff and the expectation regarding supervision. Review the following for each paraprofessional: employment application, resume, or other documentation for evidence of at least a GED or high school diploma. Each paraprofessional must have an individualized supervision plan that is carried out by a Qualified Professional or an Associate Professional. Review supervision plans to ensure that each paraprofessional is receiving supervision and review notes, schedule and other supporting documentation that demonstrate on-going supervision by the Qualified Professional or Associate Professional.

- c. Review program description. Review planned staffing and anticipated daily attendance to determine that the 1 staff for each eight or fewer average daily participant attendance will be met.

Review staff schedule for being on-site at the PSR program compared to the participants' attendance roster to verify, based on average daily attendance, that the 1 staff per 8 participants is met.

### **Service Type/Setting**

The elements in this section pertain to the provider's having an understanding of the PSR service and the service delivery system.

For the desk review, review documentation to verify that provider demonstrates a schedule of operation, locations of service and interventions provided are within the parameters specified by the

service definition. This review ensures that the provider has an understanding of the purpose of the service and has established a schedule and a program that meet those requirements.

Items in this section do not apply to the clinical interview.

For the on site review, confirm findings of the desk review.

For the 60 day review, include a review of consumer records and other items necessary to determine that PSR is being provided to consumers who meet the eligibility requirements and that interventions are based on the individual needs of the recipients..

- a. Review program description which should be based on principles of recovery and helping participants function in environments of their choice with the least amount of ongoing professional intervention. Program description should include activities for skills development, educational , and pre-vocational activities such as community living (housekeeping, shopping, cooking, use of transportation facilities, money management); personal care (health care, medication self-management, grooming); social relationships; use of leisure time; educational activities (e.g. assisting individual to participate in adult basic education or special interest courses); and prevocational activities focused on development of positive work habits that are not to be job specific vocational training.

Observe program activities to verify that they are consistent with the examples of activities listed above. Review the participants' PCPs and service notes to verify that the programming is consistent with individual needs (as indicated in the PCP). Programming/interventions should include activities that provide opportunities for consumers to learn skills, emphasizing self-determination, using natural supports and community supports. Programming may be done in groups providing individualized interventions as needed.

- b. Review program description which should be based on principles of recovery, including equipping consumers with skills, emphasizing self-determination, using natural and community supports, providing individualized interventions when appropriate, emphasizing functioning and support in real world environments. .

Observe program activities to verify that they are consistent with the examples of activities listed above. Review the participants' PCPs and service notes to verify that the programming is consistent with individual needs (as indicated in the PCP). Programming/interventions should include activities that provide opportunities for consumers to learn skills, emphasizing self-determination, using natural supports and community supports. Programming may be done in groups providing individualized interventions as needed.

- c. The reviewer should verify documentation that the facility is licensed under 10A 27G .1200.

### **Program/Clinical Requirements**

It is important that consumers are served in accordance with the service definition according to individual needs identified in the PCP in regard to the frequency with which they attend PSR, the number of hours they attend, and type of therapeutic, recovery focused interventions that the person is engaged in while receiving PSR services.

For the desk review, review documentation to verify that the provider demonstrates a clear understanding of the service definition.

For the clinical interview utilize the questions attached to the current endorsement policy. Specific expectations for the clinical interview are outlined below.

For the on site review, confirm findings of the desk review and the clinical interview.

For the 60 day review, a review of service records should demonstrate compliance with program requirements as specified in each item below. Review to verify that the provider has an understanding of the PSR model. Review documentation to determine clinical integrity, coordination other services and supports in delivery of services and documented interventions that indicate adherence to best practice standards.

- a. Review program description and operational schedule to verify that the service is available at least five hours per day at least five days per week exclusive of transportation time. It may be provided on weekends or in the evening but this is not required.

Review program description and actual operational schedule to verify that the service is available at least five hours per day at least five days per week exclusive of transportation time.

- b. Review program description which should include activities that are based on psychosocial rehabilitation and recovery principles.

Compare individuals' PCPs with their attendance records and service notes to verify that PSR participation is consistent with PCP. Review for language demonstrating that it is the responsibility of a Qualified Professional to develop the PCP with the consumer and his/her supports.

- c. Clinical Interview. Use the questions included in the current endorsement policy for interviews with the staff to determine the provider agency's clinical competency to deliver services. All staff hired to meet the minimum staffing requirements of PSR must be interviewed.

### **Documentation Requirements**

All contacts for Assertive Community Treatment Team services must be documented - a full weekly service note is the minimum requirement. Documentation must meet all record and documentation requirements in the DMH/DD/SAS Records Management and Documentation Manual. Review policy and procedure manuals for language that demonstrates that all contacts with or on behalf of the recipient must be recorded in the service record. Review policy and procedure manuals and job descriptions for language demonstrating the PSR provider will ensure service documentation is completed per Medicaid guidelines. Review policy and procedure manuals for language which addresses completion of required forms, transition and discharge planning.

The 60 day follow-up review should include a review of service records to verify that all components of each full service note are included in the documentation and to verify that contacts are documented. PCPs shall have all the required components and address plans for transition/discharge. Service notes should relate directly to the needs and goals identified in the recipients' PCPs. Review PCP and service notes to verify that documentation is consistent with requirements.